

THIS SECTION FOR OFFICE USE ONLY			
	PRIMARY	GENERAL	
Ballot Style	_____	_____	ID# _____
Applic. Recd.	_____	_____	Affil. _____
AB Issued	_____	_____	Elect. Dist./Ward _____ Prec. _____
AB Returned	_____	_____	Cong. _____ Leg. _____ Co. _____

**STATE OF MARYLAND**  
**BOARD OF ELECTIONS FOR \_\_\_\_\_**

**APPLICATION FOR ABSENTEE BALLOT**

**Only a registered voter is eligible to apply for an absentee ballot.**

**Once the voter applies for and receives an absentee ballot, the voter *must* vote by absentee ballot and *cannot* vote at the polls.**

FOR THE FOLLOWING ELECTION: \_\_\_\_\_ PRIMARY Election \_\_\_\_\_ GENERAL Election \_\_\_\_\_ ALL as permitted

PRINT NAME AS REGISTERED: \_\_\_\_\_

Last Name	First	Middle
No./Street	Town	Zip
Date of Birth	Party Affiliation	Phone No.

**MAILING ADDRESS – IF DIFFERENT:** Provide the mailing address at which mail reaches you most promptly. Include rank and serial number if this is a military address. If this address changes prior to any election, you must notify the election office to assure receipt of your ballot.

Primary Election Ballot: \_\_\_\_\_

General Election Ballot: \_\_\_\_\_

**To qualify for an absentee ballot, you must certify by your signature that one or more of the following statements is or will be true. I am unable to go to the polls, because on election day ...**

1. I may be absent from my county of registration.
2. I am suffering from an accident, illness, or physical disability.
3. I am confined in or restricted to an institution.
4. I am attending to a death or serious illness in my family.
5. I have academic obligations at an institute of higher education outside my precinct, but within my county of registration.
6. I am employed by the Board of Elections and must be absent from the precinct in which I am registered.
7. I am age 65 or older and my polling place is inaccessible.

Signature of Voter \_\_\_\_\_ Date \_\_\_\_\_

**DESIGNATION OF AGENT BY VOTER:** A voter not able to apply for an absentee ballot personally may designate an agent to act on the voter's behalf by completing a Designation of Agent Form that is available by calling the county election office. Phone No. \_\_\_\_\_

**WARNING:** Any person who is convicted of violating the absentee voting law is subject to a fine of up to \$1,000, to imprisonment for up to 2 years, or both. (Article 33, Sect. 9-312)

**IF A VOTER IS UNABLE TO COMPLETE THIS APPLICATION WITHOUT ASSISTANCE,  
 THE PERSON ASSISTING THE VOTER MUST COMPLETE AND RETURN THE AFFIDAVIT ON THE NEXT PAGE**

## INFORMATION ABOUT THE APPLICATION FOR ABSENTEE BALLOT

### DEADLINE FOR RECEIPT OF COMPLETED APPLICATION

The deadline for the county election office to receive this completed application by mail is 4:30 P.M. on the Tuesday before the election. The deadline to receive this completed application by fax is 11:59 P.M. on the Tuesday before the election. An application made after the deadline must be made in person at the county election office, using the Late Application for Absentee Ballot form.

### HOW TO VOTE ABSENTEE

- Complete this application and return it to the county board of elections.
- When it has received this completed application, and if it determines that the applicant is qualified, the county board will issue an absentee ballot, either by mail or in person.
- Mark the ballot and return it to the county board of elections.

### DESIGNATION OF AGENT TO PICK UP AND DELIVER ABSENTEE BALLOT

A qualified applicant may, by completing a Designation of Agent form provided by the county election office, designate an agent to pick up and deliver an absentee ballot. The agent must be at least 18 years old and not a candidate on the ballot. The agent must sign an affidavit, under penalty of perjury, that the ballot was delivered to the applicant, marked by the applicant and sealed in an envelope in the agent's presence, and then returned in person to the county election office by the agent.

### ASSISTANCE WITH THIS APPLICATION OR MARKING BALLOT

A voter who requires assistance completing this application or casting an absentee ballot (by reason of disability or inability to read or write) may be assisted by any person other than a candidate on the ballot, the voter's employer or an agent of the employer, or an officer or agent of the voter's union. The person assisting the voter must execute and submit the affidavit at the foot of this page or the certification form in the absentee ballot package.

### DEADLINE FOR RECEIPT OF ABSENTEE BALLOT

Except as provided in the following two paragraphs, any absentee ballot, whether mailed or hand-delivered, is timely if it reaches the election office by 8 P.M. on Election Day. **An absentee ballot may not be faxed.**

#### **Domestic Ballots Received By Mail after Election Day**

Any ballot received by mail is timely if it arrives by 4 P.M. on the Wednesday after Election Day, and if the U.S. Postal Service has affixed a postmark on the envelope verifying that the ballot was mailed before Election Day. If the postmark is illegible, the voter's affidavit on the ballot envelope, indicating that the ballot was completed and mailed before Election Day, is sufficient.

#### **Overseas Ballots Received by Mail after Election Day**

Any ballot received by mail from outside the United States is timely if it arrives:

- by 10 A.M. on the 2<sup>nd</sup> Wednesday after a Gubernatorial Primary Election; or
- by 4 P.M. on the 2<sup>nd</sup> Friday after all other elections,

and if the U.S. Postal Service, an Army post office, a fleet post office, or the postal service of any other country has affixed a postmark on the envelope verifying that the ballot was mailed before Election Day. If the postal service of the place from which the ballot was mailed does not provide a postmark, or if the postmark is illegible, the voter's affidavit on the ballot envelope, indicating that the ballot was completed and mailed before Election Day, is sufficient.

### LARGE TYPE APPLICATION AVAILABLE UPON REQUEST.

#### **DELIVER APPLICATION TO:**

County Board of Elections

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **AFFIDAVIT**

Name and signature of person who fills out this application for the voter.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_